

(Rev. 5/05)

**FORM TO BE USED BY A PRISONER IN FILING A COMPLAINT
UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. §1983**

**IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF DELAWARE**

(1) JOHN H Wimbley 165136
(Name of Plaintiff) (Inmate Number)

HRycf

1301 East 12 STREET Wilm Del 19809
(Complete Address with zip code)

(2) _____
(Name of Plaintiff) (Inmate Number)

(Complete Address with zip code)

(Each named party must be listed, and all names
must be printed or typed. Use additional sheets if needed)

vs.

(1) CMS. NURSE CANDACE

(2) _____

(3) _____
(Names of Defendants)

(Each named party must be listed, and all names
must be printed or typed. Use additional sheets if needed)

I. PREVIOUS LAWSUITS

- A. If you have filed any other lawsuits in federal court while a prisoner, please list the caption and case number including year, as well as the name of the judicial officer to whom it was assigned:

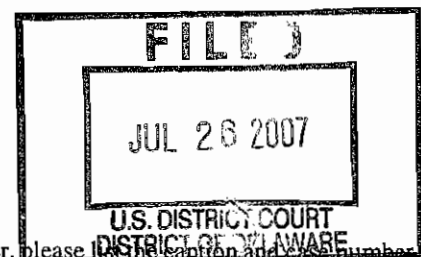
Case Name Wimbley V. J McReynolds Case Number
1:07-CV-179 Case Assigned to Judge M. Sleet
the following transaction was entered on 4/4/07
At 4:04 pm EDT AND Filed on 4/4/07 documents
Filed. (RTB)

07 - 466

(Case Number)
(to be assigned by U.S. District Court)

CIVIL COMPLAINT

• • Jury Trial Requested



II. EXHAUSTION OF ADMINISTRATIVE REMEDIES

In order to proceed in federal court, you must fully exhaust any available administrative remedies as to each ground on which you request action.

- A. Is there a prisoner grievance procedure available at your present institution? • Yes • No
- B. Have you fully exhausted your available administrative remedies regarding each of your present claims? • Yes • No

C. If your answer to "B" is Yes:

1. What steps did you take? the medical grievance was
threw into trash by AND c/o
2. What was the result? _____

D. If your answer to "B" is No, explain why not: _____

III. DEFENDANTS (in order listed on the caption)

(1) Name of first defendant: NURSE CANDACE

Employed as EMS CORRECTIONS HRICE NURSE, CANDACE HRICE

Mailing address with zip code: PO BOX 9561 Wilmington, DE
19809

(2) Name of second defendant: _____

Employed as _____ at _____

Mailing address with zip code: _____

(3) Name of third defendant: _____

Employed as _____ at _____

Mailing address with zip code: _____

(List any additional defendants, their employment, and addresses with zip codes, on extra sheets if necessary)

IV. STATEMENT OF CLAIM

(State as briefly as possible the facts of your case. Describe how each defendant is involved, including dates and places. Do not give any legal arguments or cite any cases or statutes. Attach no more than three extra sheets of paper if necessary.)

1. INCIDENT Date 1/5/07 8/4/ Shift on the
above Date Nurse Candace gave I John
Wimbley 2 time someone else medications
that was not prescribed this Nurse work
for medical Department CMS HRCI
2. CORRECTIONS SERVICES 8/4/ I have put
IN over 90 days of medical Grievance
And it has not be resolved this Nurse
have put my life IN Danger IN this
Facility HRCI the medications gave
3. me A Very bad Side effects I have
Notify Sgt M. Moody medical INmate
GRIEVANCE I AM showing the court the
Evidence of Negligent she gave me
seraquel anti psychotic that was not
prescribed by a M/D

V. RELIEF

(State briefly exactly what you want the Court to do for you. Make no legal arguments. Cite no cases or statutes.)

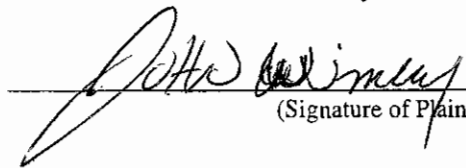
1. I want to see Nurse Candace IN
Her individual compassionately offishaul
compassionately for 4,000,00 Dollars
and my freedom for Nurse Candace
gaveing me someone else medications not
Prescribed by M/D she gave me seraquel
anti psychotic medications it gave me very
bad side effects I am showing to court all
the Evidence of Negligent

2. _____

3. _____

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 22 day of July, 2 2007.



(Signature of Plaintiff 1)

(Signature of Plaintiff 2)

(Signature of Plaintiff 3)

Multi-Purpose Criminal Justice Facility
Inter-Dept. Memo

TO: John Wimbley ID SBI#165136
FROM: Sgt. M. Moody, Inmate Grievance Chair
DATE: 3/29/07
RE: MEDICAL GRIEVANCE # 104230

Please be advised that your medical grievance has been received in the office of the Grievance Chair. In accordance with the Inmate Grievance Procedure 4.4, it has been forwarded to the Medical Department for processing.

If no one contacts you for an informal resolution or if your grievance can not be resolved informally, you will automatically be scheduled for a grievance hearing before the Medical Grievance Committee (MGC). Please keep in mind your grievance is only one of numerous others received in this office on a daily basis. Thank you for your patience.

Walt

FORM #585

MEDICAL GRIEVANCEFACILITY: HRycTDATE SUBMITTED: 1/5/07INMATE'S NAME: JOHN WimbleySBI#: 165136HOUSING UNIT: LD pod #5

CASE #: _____

SECTION #1DATE & TIME OF MEDICAL INCIDENT: 1/5/07/

TYPE OF MEDICAL PROBLEM:

ON the above date 1/5/07 NURSE CANDACE gave I
 JOHN Wimbley a time some 2/se^{ore} medications that was not
 prescribed this Nurse work for medical Department
 CMS HRycT corrections services 8/9/ I Have put IN
 over 90 DAYS of medical Grievance AND it Has not
 be resolved this Nurse Have put my Life IN DANGER
 IN this Facility HRycT the medications gave me a bad
 side effects I Have NOTIFY Sgt m. moody INmate Grievance
 medical I Show all the Evidence of Negligent. she give me SERAQUEL

GRIEVANT'S SIGNATURE: John WimbleyDATE: 1/5/07/

ACTION REQUESTED BY GRIEVANT: _____

DATE RECEIVED BY MEDICAL UNIT: _____

NOTE: EMERGENCY MEDICAL CONDITIONS WILL TAKE PRIORITY. OTHERWISE, MEDICAL GRIEVANCES WILL BE ADDRESSED AT THE WEEKLY MEDICAL COMMITTEE MEETING.

DELAWARE DEPARTMENT OF CORRECTIONS REQUEST FOR MEDICAL/DENTAL SICK CALL SERVICES

FACILITY: H.R.Y.C.I.

(GANDER HILL)

This request is for (circle one): **MEDICAL** **DENTAL** **MENTAL HEALTH**John Wimbley
Name (Print)1D pod
Housing Location5-28-67
Date of Birth165136
SBI Number1/5/07
Date Submitted

Complaint (What type of problem are you having) I JOHN wimbley was giving ~~to~~ some one else medications I need to see the M/D the medication that was not prescribed give me a very bad side effects by Nurse Candace 2/4/07

John Wimbley
Inmate Signature1/5/07
Date

The below area is for medical use only. Please do not write any further

S: _____

O: Temp: _____ Pulse: _____ Resp: _____ B/P: _____ WT: _____

A: _____

P: _____

E: _____

Provider Signature and Title

Date

Time

I AM NOT ABLE TO PAY NO MONEY TO THE COURT
 I AM FILING ANOTHER CLASS ACTION SUIT. I AM ALSO
 SENDING MY INMATE ACCOUNT TO YOU ~~SOME~~ ^{TO} YOU SEE MY
 BALANCE THAT I HAVE NO MONEY ON MY BOOKS ~~THE~~ ^{TO} PAY THE COURT
 I JOHN WIMBLEY FILED A CIVIL LAWSUITS US DISTRICT COURT

THE FOLLOWING TRANSACTION WAS ENTERED ON 4/4/07 AT 4:04 PM
 EDT AND FILED ON 4/4/07 CASE NAME WIMBLEY V MEREYDOLDS
 CASE NUMBER 107EV-179 FILER CASE ~~THE~~ ASSIGNED TO JUDGE

GREGORY M SKEET I AM INCLUDE JUDGE (GMS) AFTER THE CASE
 NUMBER ON ALL DOCUMENTS FILED (RT6) THE COURT GRADING WIMBLEY
 CIVIL ACTION LAWSUITS WAS DISMISSED (DI4) FOR NOT SENDING
 THE COURT SOME MONEY WITH IN 30 DAYS FROM THE DATE
 THE ORDER WAS SENT ON THE CASE WOULD BE DISMISSED

I AM SENDING YOU A COPY OF MY INMATE ACCOUNT
 SHOWING THE EVIDENCE TO THE COURT AT THIS
 ABLE TO PAY NO MONEY TO THE COURT THAT I AM NOT
 TIME EVER ~~FILED~~ ^{FILED} LAWSUITS NOT THAT THE EVIDENCE
 SHOWING THAT I DO NOT HAVE NO MONEY TO PAY
 THE COURT MY INMATE ACCOUNT BALANCE IS 0.09¢

I AM SENDING YOU A COPY OF MY INMATE ACCOUNT
 BALANCE FROM HRYCI CORRECTIONS STATE TREASURE
 I AM NOT ABLE TO PAY THE FEE TO THE
 COURT

TRANSITION UNIT 1 D pod #

I WITNESS OF INCIDENT MEDICAL NEGLIGENCE

1 John Wimbley

2 Andrew Van Dae

3 Wm. Simonavage

4 John Dwyer

5 James Walker

6 Michael C. Hall

7 [Signature]

8 John Janovic

9 [Signature]

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Utility Events1:07-cv-00179-UNA Wimbley v. McReynolds

PaperDocuments

U.S. District Court

District of Delaware

Notice of Electronic Filing

The following transaction was entered on 4/4/2007 at 4:04 PM EDT and filed on 4/4/2007

Case Name: Wimbley v. McReynolds**Case Number:** 1:07-cv-179**Filer:****Document Number:** No document attached**Docket Text:**

Case assigned to Judge Gregory M. Sleet. Please include the initials of the Judge (GMS) after the case number on all documents filed. (rjb)

1:07-cv-179 Notice has been electronically mailed to:**1:07-cv-179 Notice has been delivered by other means to:**

John H. Wimbley
SBI #165136
HRYCF
P.O. Box 9561
Wilmington, DE 19809

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF DELAWARE

JOHN H. WIMBLEY,
Plaintiff,

v.

C/O JERMAINE MCREYNOLDS,
Defendant.

Civil Action No. 07-179-GMS

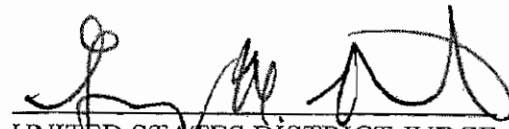
ORDER

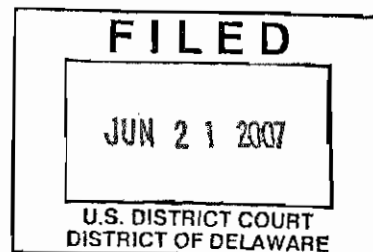
WHEREAS, the plaintiff John H. Wimbley ("Wimbley"), filed a civil rights action pursuant to 42 U.S.C. § 1983 without prepayment of the filing fee;

WHEREAS, on April 9, 2007, this court entered an order granting Wimbley leave to proceed *in forma pauperis* and requiring Wimbley to complete and return an authorization form within 30 days from the date the order was sent or the case would be dismissed (D.I. 4);

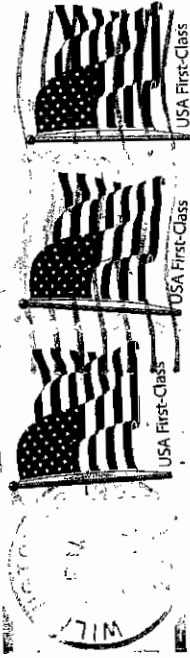
WHEREAS, the time period has lapsed and to date, the authorization form has not been received from Wimbley;

THEREFORE, at Wilmington this 21st day of June, 2007, IT IS HEREBY ORDERED that Wimbley's complaint is DISMISSED WITHOUT PREJUDICE.


UNITED STATES DISTRICT JUDGE



From John Wimbley 165136
PO Box 9561
Wilmington DE 19809



To: Clerk
U.S. District Court
Lockbox 10
844 N. King St.
Wilmington, DE 19801

1580133513 COLLEGE STREET 810321